

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7164

State File No.

20023-57
FILED MAR 2 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 448

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ballwin 4740	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) Highway #-50	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Baby		b. (Middle)	
c. (Last) Baumer		4. DATE OF DEATH (Month) (Day) (Year) Feb. 18-1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 18-1954
9. AGE (In years last birthday) 0		10. UNDER 1 YEAR Months 0	11. UNDER 2 WKS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Herman Baumer		13b. MOTHER'S MAIDEN NAME Lucille Strubing	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Herman Baumer		ADDRESS Ballwin, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 776X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 18, 1954 to Feb 18, 1954 , that I last saw the deceased alive on Feb 18, 1954 and that death occurred at 12:30 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Shanton M. Spivey M.D.		23b. ADDRESS Richwood, Mo.	
23c. DATE SIGNED 2/18/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 19-1954	
24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24e. DATE REC'D BY LOCAL REG. 2-19-54		24f. REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home		ADDRESS Ballwin, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Not Embalmed

Student Embalmer No. _____

Signed *Richard Bopp* _____

Licensed Embalmer No. *4584* _____

P. O. Address *Ballwin, Mo.* _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.